

# Client Preferences Regarding HIV Testing and Counseling in STD Clinic Settings: RESPECT-2

Carol Metcalf, Beth Dillon, Kevin Malotte,  
John Douglas, Helene Cross, and  
the RESPECT-2 Study Group





# Background

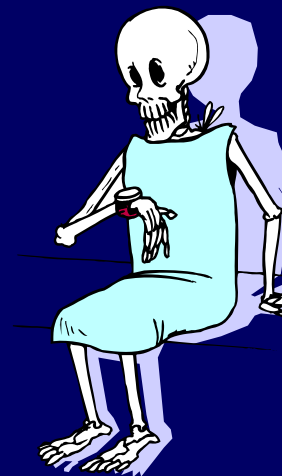
- Tested for HIV at enrollment
  - 50% result available same visit (rapid test)
  - 50% result available 5 to 10 days later (standard test)
- Investigators blind to HIV test assignment
- Tested for HIV at final 12-month visit using standard test





# Differences in Site Characteristics

- **Newark:** Busiest clinic, longest waiting times, highest STD prevalence.  
Standard HIV test: oral fluid EIA
- **Long Beach:** Least busy, shorter waiting times.  
Standard HIV test: blood EIA
- **Denver:** waiting times similar to Long Beach.  
Standard HIV test: blood EIA





# Methods

- Short addendum on test preferences added to CASI follow-up questionnaire
- Added to 3-mo questionnaire at 2 sites in November 2000
- Added to 12-mo questionnaire at all 3 sites in March 2001
- Analysis included all interviews up to July 27, 2001 (n = 863)



# Respondent Characteristics

- Visit type: 3-mo.....28%  
12-mo.....72%
- Site: Denver.....33%  
Long Beach.....27%  
Newark.....41%



# Respondent Characteristics

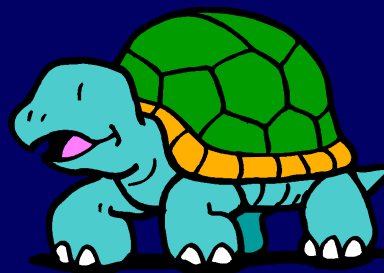
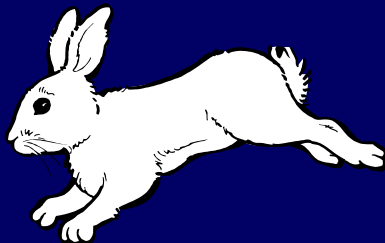
- Gender: 51% male
- Race/ethnicity: 56% black, 21% white, 16% Latino, 7% other
- Age: 15 – 39 years  
Median age : 26 yrs (M), 23 yrs (F)



# Test Preference

***“If you were to have another HIV test, which would you prefer?”***

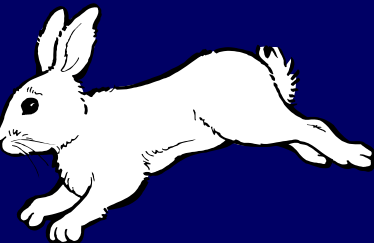
- Result the same day
- Result 1 week later
- No preference





# Test Preference

- Result the same day.....78%
- Result 1 week later.....5%
- No preference.....17%







# Associations with Test Preference



# Test Preference Not Associated with...

- Visit type (3 mo vs. 12 mo)
- HIV testing history (prior to enrollment)
- Gender
- MSM



# Differences in test preference by site



**Long Beach site had greater majority  
who preferred to receive their HIV result  
the same day than the other 2 sites**

**(84% vs. 77%;  $p=0.02$ )**



**Newark site had larger minority  
who preferred to return for their  
HIV result than the other 2 sites**

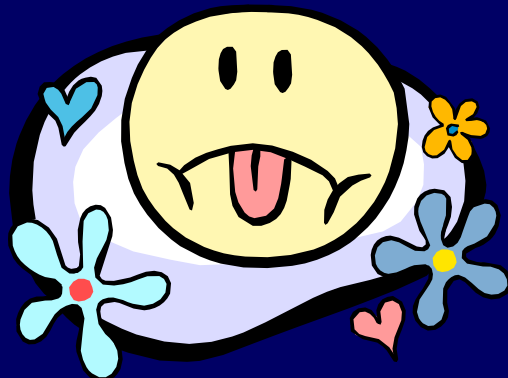
**(8% vs. 3.5%;  $p < 0.01$ )**



# Differences in Test Preference by “Stress” of having an HIV Test

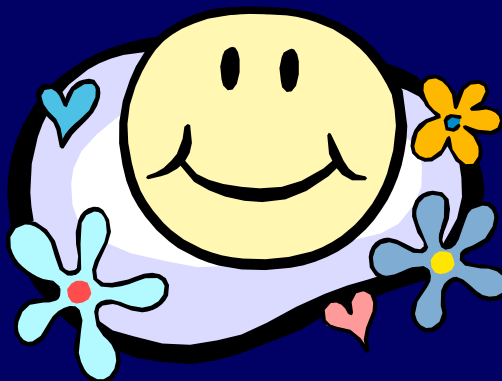


**Those who considered HIV test  
“stressful” more likely to prefer to  
receive the result the same day than  
those who did not  
(83% vs. 76%;  $p = 0.03$ )**





Those who considered HIV test  
“not stressful” less likely to have  
a test preference than the rest  
(21% vs. 12%;  $p < 0.001$ )







**Differences in test preference  
small in absolute terms -**

**Majority preferred to receive HIV  
result the same day, irrespective  
of the characteristic considered**

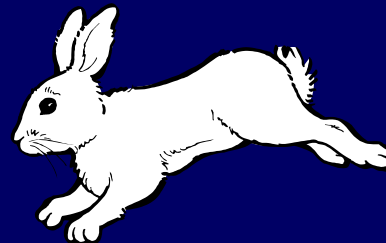


# Reasons for Test Preference



## Reasons for Preferring Result Same Day (n = 677)

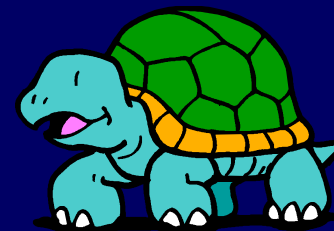
- Less stressful.....56%
- Result known sooner.....43%
- Not having to come back to clinic for result.....22%
- Result more accurate.....4%
- No reason given...13%





## Reasons for Preferring Result a Week Later (n = 46)

- Less stressful.....30%
- More time to prepare for result.....30%
- Result more accurate.....26%
- Not having to wait at clinic for result...15%
- No reason given...9%





# Limitations

- Generalizability and selection bias
- Limited ability to study associations
- Could not look at test preference by HIV test type at enrollment
- Could not look at test preference by other high-risk behaviors (IDU, CSW)
- Questioned at end of a long interview



# Conclusions

- Most would prefer HIV result same day
- Most considered receiving result the same day less stressful
- Those who found HIV test most stressful were more likely to prefer the result the same day
- Those who found HIV test least stressful were less likely to have a test preference
- Minor differences in test preference by site



**In addition to client preferences,  
also need to consider....**

1. Relative effectiveness of testing and counseling interventions
2. Relative cost-effectiveness
3. Logistics of doing rapid HIV test (e.g. clinic flow)